

STATEMENT OF DESIGNATION OF COUNSEL

Please use one form for each respondent

MUR 5366NAME OF COUNSEL: ABBE LOWELL

FIRM: _____

ADDRESS: 1501 M Street, Ste. 700
Washington, D.C. 20005-1702TELEPHONE: (202) 463-4350FAX: (202) 463-4394

The above-named individual is hereby designated as my counsel and is authorized to receive any notifications and other communications from the Commission and to act on my behalf before the Commission.

TAB TURNER

Print Name

6/16/03

Date

[Signature]
Signature

Title

RESPONDENT'S NAME: TAB TURNERADDRESS: 4705 ~~St~~ Somers Ave
Ste 100North Little Rock, AR 72116

TELEPHONE: HOME

BUSINESS (501) 791-2277RECEIVED
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COUNSEL

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